

DEPARTMENT OF THE ARMY
HEADQUARTERS, US ARMY MEDICAL DEPARTMENT CENTER
AND SCHOOL AND FORT SAM HOUSTON
Fort Sam Houston, Texas 78234-6150

AMEDDC&S & FSH Memorandum
No. 40-2

1 February 2008

Medical Services
**EMERGENCY RESPONSE PROTOCOL, TRAINING, AND MAINTENANCE
REQUIREMENTS FOR AUTOMATIC EXTERNAL DEFIBRILLATORS (AED)**

1. HISTORY. This is the first printing of this publication.

2. PURPOSE. This memorandum establishes emergency response protocols for use of AEDs at the US Army Medical Department Center and School (AMEDDC&S) and Fort Sam Houston (FSH), Texas, and to ensure that AEDs are readily available and properly maintained.

3. REFERENCES.

a. Title 42, United States Code, Sections 238p and 238q.
(Required. Cited in para 8a.)

b. Texas Civil Practice and Remedies Code, Sections 74.151 and 74.152. (Required. Cited in para 8a.)

c. Army Regulation 27-20, Claims. (Related.)

d. Policy Memorandum 06-0616, Office of the Surgeon General, MCHO-CL-C, 22 Aug 06, subject: Guidance on the Placement and Use of Automatic External Defibrillators on Army Installations and Within Army. (Related.)

e. American Heart Association, AED Programs Questions and Answers, <http://www.americanheart.org>. (Related.)

f. Basic Cardiac Life Support Manual, American Heart Association, Current Edition. (Related.)

g. Cardiac Science AEDs, Operation and Service Manual, Current Edition. (Related.)

4. APPLICABILITY. These procedures apply to all personnel who respond to cardiac arrests and other resuscitative emergencies

requiring the use of AEDs, and to those responsible for maintaining resuscitative equipment and supplies.

5. EXPLANATION OF ABBREVIATIONS AND TERMS.

a. The term "911" identifies cardiac, respiratory, and resuscitative emergencies requiring immediate medical action to prevent death. This involves calling "911," activating Emergency Medical Services (EMS), and then notifying the appropriate staff members to assist with the resuscitative attempts.

b. The AED is a self-testing, battery operated, automated external defibrillator. After applying the AED electrodes to the patient's chest, the AED automatically analyzes the patient's electrocardiogram (ECG) and advises the operator whether to push the button and deliver a shock.

c. The Program Administrator is the Medical Director of the Cardiopulmonary Resuscitation Committee, appointed by Brooke Army Medical Center (BAMC) to provide oversight of the installation program.

d. The Unit Program Coordinator is the person appointed by the unit commander to implement the program within their organization.

e. The Area Supervisor is the person appointed by the unit commander to implement the program within their area of responsibility.

6. RESPONSIBILITIES.

a. The Program Administrator will:

(1) Assist in orienting the Unit Program Coordinators and provide the specialty/expert consultant body through the Cardiopulmonary Resuscitation (CPR) Committee.

(2) At least annually, review this policy and the protocols established herein, and recommend changes as necessary.

(3) Periodically review the commercial market for new AED technologies and make recommendations for their acquisition as appropriate.

b. Unit Program Coordinator.

(1) The Unit Program Coordinator of the Emergency Response/AED Program will be appointed by the tenant commander who authorizes the use of an AED, and with the concurrence of the Medical Director, CPR Committee, BAMC. The Unit Program Coordinator has the authority to manage the program for that organization and responsibility to ensure implementation.

(2) The Unit Program Coordinator responsibilities include the following:

(a) Create and maintain written emergency/AED protocols.

(b) Ensure compliance with protocols; implement and track AED training; purchase an AED device approved by the Program Administrator; and integrate the program into the FSH Emergency Medical Service response to patients.

(c) Coordinate all policies with the Program Administrator who will provide medical oversight of the Program.

(d) Maintain equipment according to manufacturer's recommendations; maintain an adequate inventory of supplies.

(e) Keep an inventory of AED locations (Appendix A).

(f) Implement a training program; coordinate AED training through the manufacturer; coordinate BLS training to selected personnel.

(g) Ensure appropriate documentation is completed after an incident.

(h) Provide BAMC Logistics the brand, model, and serial number of their AED devices.

(i) Conduct an annual evaluation of the program for quality assurance.

c. Area Supervisors.

(1) Ensure that select personnel, who work in areas where AEDs are located, receive AED operation training and adhere to this policy. AED operation training, at a minimum, will include Basic Lifesaver (BLS) training, which includes AED training that

reviews each step listed on the AED instruction card. This training will be conducted annually for personnel responsible for utilizing an AED.

(2) The area supervisor and/or the building manager of each area where an AED is located is responsible to examine the AED monthly, using the maintenance checklist at Appendix B; document the AED maintenance; and replace the AED after use.

(3) Ensure that the Logistics Section for the unit maintains the AED equipment in accordance with the manufacturer instructions. Logistic Sections will also notify their units if their AED devices are recalled.

(4) Area supervisors must notify their respective Unit Program Coordinator if civilian personnel selected to receive training or administer the unit's AED policy are bargaining unit members. The Unit Program Coordinator shall work in conjunction with the Civilian Personnel Advisory Center to notify the appropriate labor union of changes in an affected bargaining unit member's working conditions.

7. EMERGENCY RESPONSE ALERT SYSTEM. Each organization with an AED device is responsible for having an internal emergency response plan that ensures all staff members are familiar with their role in the event of a medical emergency. Organizations assigned or attached to the AMEDDC&S and FSH where an AED is located will implement the following protocols when an apparent cardiopulmonary emergency occurs.

a. The individual discovering an unresponsive person or witnessing a perceived cardiopulmonary emergency will:

(1) Evaluate the person in accordance with BLS training, if BLS certified. If not BLS certified, the individual will call for immediate assistance.

(2) If it appears that the person is suffering from a cardiopulmonary emergency, the individual will initiate cardiopulmonary resuscitation, if trained.

(3) Instruct other personnel to call 911 to activate the Emergency Medical Services (EMS). Instruct other personnel to obtain the AED.

(4) Follow AED activation instructions whether CPR is initiated or not.

b. Following any AED discharge, the Unit Program Coordinator will ensure the AED is available to the BAMC Biomedical Maintenance Section, if requested by the Program Administrator.

c. The Area Supervisor will be responsible for completing DA Form 4106, Incident Report. The DA Form 4106 will include information assessing the incident, to include availability of equipment and response of EMS. The completed DA Form 4106 will be submitted to the Program Coordinator within 24 hours and reviewed by the Program Administrator as soon as possible.

8. LEGAL ASPECTS.

a. Good Samaritan. Any federal employee or service member who uses or attempts to use an AED device on a victim with a perceived life-threatening medical condition that requires an immediate medical response regarding the heart or other cardiopulmonary functioning of the individual may qualify for immunity from civil liability, pursuant to Title 42, United States Code, Section 238q, for any harm to the individual as a result of the use or attempted use of the AED device. Non-federal employees (e.g., contractors, dependents, and retirees) may qualify for immunity from similar civil liability pursuant to Texas Civil Practice and Remedies Code, Sections 74.151 and 74.152.

b. Claims. Any service member or Department of Defense employee who is the subject of a civil claim arising from the use or attempted use of an AED device in accordance with this policy will forward such claim and refer the claimant or legal representative to: Office of the Staff Judge Advocate, ATTN: Claims Division, 1306 Stanley Road, Suite 19, Fort Sam Houston, Texas 78234, (210) 221-2161/1973.

9. The point of contact for additional information is Dr. Sean Javaheri, Medical Director, CPR Committee, BAMC, 916-3305.

APPENDIX A

AED LOCATIONS

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

APPENDIX B

Example

Automated External Defibrillator Maintenance Checklist								
MONTH:			AREA:			POC:		
	DATE	DAILY: STATUS INDICATOR LIGHT GREEN	MONTHLY: OPEN AED LID STATUS LIGHT RED- AFTER 5 SEC GREEN	TWO SETS OF PADS/ CHECK EXP DATE	LISTEN FOR VOICE PROMPTS	CLOSE LID. STATUS LIGHT GREEN		POCKET MASK WITH ONE-WAY VALVE
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(MCCS-GAA)

FOR THE COMMANDER:

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